



■ **Medical Records Legislation Recently Signed Into Law**

Public Act 481 of 2006 was signed into law by the Governor and was effective December 22, 2006. This new legislation specifies how long medical records must be maintained by health professionals, how long medical records must be maintained by health facilities and agencies, and provides for the proper disposal methods of medical records. Veterinarians are not subject to the Medical Records Act since they do not maintain medical records for humans.

Section 16213 of P.A. 481 of 2006 requires health professionals regulated under Article 15 to maintain medical records for a minimum of seven years from the date of service for each patient unless a longer retention period is required under federal or state laws or regulations. Medical records include tests and examinations performed, observations made and treatments provided. It is important to note that federal or state laws or regulations or generally accepted standards of care that have been adopted by national professional associations may require longer retention periods. For instance, the Board of Dentistry's Administrative Rules require medical records to be maintained for **a minimum of ten years**.

Medical records that are less than seven years old may be destroyed only if the health professional receives written authorization from the patient or the patient's representative. The health professional must send a written notice to the patient's last known address advising that: 1) the patient's record is about to be destroyed; 2) the patient can request a copy of the record, and 3) the patient must submit written authorization to the health professional **before** the record can be destroyed. If the health professional is unable to secure a written authorization from the patient or the patient's authorized representative, the health care provider must employ or contract, arrange, or enter into an agreement with another healthcare provider, a health facility or agency, or a medical records company to ensure the medical records are protected, maintained and can be accessed. Health professionals are encouraged to retain the written authorization for destruction of medical records received from patients for the seven-year retention period.

If a health professional sells or closes his/her practice, retires from practice or otherwise ceases to practice, medical records cannot be abandoned. P.A. 481 requires that the health professional or the personal representative of a deceased health professional must do one of the following:

1. Transfer the medical records to: a) a successor health professional; b) the patient, a specific health facility or agency, or other health care provider licensed under Article 15 if requested by the patient or his/her authorized representative; or c) a health care provider, a

continued on page 2

■ **Many Changes to the Public Health Code**

During calendar year 2006, many changes in the Public Health Code occurred. In fact, 46 bills directly impacting the licensing and regulation of health professionals were signed into law. Because of the large number of changes, we would like to encourage our readers to view the most current version of the Public Health Code on our website at www.michigan.gov/healthlicense. Once you are on our website, just scroll down to Links and click on Public Health Code.

Several articles in this issue discuss significant changes. As always, if you have any questions, please contact us at (517) 335-0918 or you may email your questions to us at bhpinfo@michigan.gov.

■ **Notification of Public Health Emergencies**

Did you know that providing the Bureau of Health Professions with your email address will enable the Department of Community Health to notify you in the event of a public health emergency?

If you haven't already done so, go online at www.michigan.gov/mylicense and add your email address to our records by logging in and following the "License Address Change" link. You can also report a change in your mailing address on this same site.

INSIDE

3 Michigan Healthcare Workforce Center is Established

4 Laser Therapy

5 Volunteer Dentist License Bill Signed

HealthLink

continued from page 1

health facility or agency, or a medical records company the licensee has contracted with or entered into an agreement with to protect, maintain and provide access to those medical records.

OR

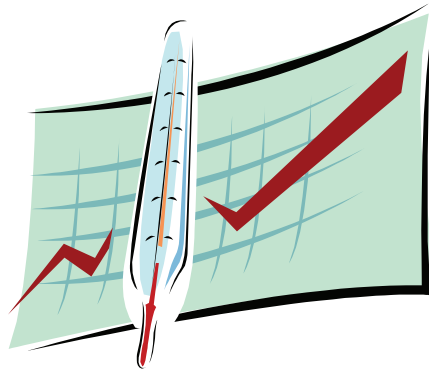
2. If the medical records are seven years old or older, a health professional or the personal representative of a deceased health professional must send a written notice to the last known address of each patient and receive written authorization from the patient or his/her authorized representative to destroy the medical record. The written notice must provide the patient with 30 days to provide written authorization to destroy or to request a copy of his/her medical records or designate where he/she would like the medical records transferred. If the patient fails to request a copy or transfer of his/her medical records or to provide written authorization for the destruction of the medical records, the licensee or personal representative of the deceased licensee or registrant shall not destroy those medical records that are less than seven years old but may destroy those medical records if they are seven years old or older.

The new legislation also requires that a written notice be submitted to the Bureau of Health Professions specifying who will have custody of the medical records and how patients may request access to their medical records or receive copies of their medical records. The written notice must be sent to the Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909. A form will be placed on our website in the near future.

P.A. 481 also requires that any medical records that are destroyed

must be shredded, incinerated, electronically deleted, or disposed of in a manner that ensures continued confidentiality of the patient's health care information and any other personal information related to the patient.

Although P.A. 481 does not address the retention of medical records for minor patients, health professionals licensed under Article 15 should retain those medical records for a minimum of seven years. Again, if there are other federal or state laws and regulations and generally accepted standards of care adopted



by national professional associations, records for minors may need to be retained for a longer period of time. The Board of Chiropractic's administrative rules require medical records for minors to be retained "until one year after the minor patient reaches 18 years of age". Review your standards of practice for guidelines regarding patient record retention.

Section 20175 of P.A. 481 addresses these same issues for a health facility or agency. To view this legislation in its entirety, please go to www.legislature.mi.gov and click on Public Acts.

As a reminder, P.A. 47 of 2004 provides for specific fees that can be charged for patient records. "... if a patient or his or her authorized representative makes a request for a copy of all or part of his or her

medical record under Section 5, the health care provider, health facility, or medical records company to which the request is directed may charge the patient or his or her authorized representative a fee that is not more than the following amounts: (a) An initial fee of \$21.20 per request for a copy of the record. (b) Paper copies as follows: (i) \$1.06 per page for the first 20 pages. (ii) Fifty-three cents per page for pages 21 through 50. (iii) Twenty-two cents for pages 51 and over. (c) If the medical record is in some form or medium other than paper, the actual cost of preparing a duplicate." P.A. 47 does allow for a waiver of these fees for a medically indigent individual. Under this provision, the indigent individual would be limited to one set of copies. The entire act may be reviewed at www.legislature.mi.gov.

If you have any questions, please contact us at (517) 335-0918 or email your questions to bhpinfo@michigan.gov.

CONTACTING BHP

By Mail: Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909-8170

By Phone: (517) 335-0918
(517) 241-9427 (License Verification)

Website: www.michigan.gov/healthlicense

HealthLink is a biannual publication of the Michigan Department of Community Health—Bureau of Health Professions. Statements and opinions appearing in this newsletter are not necessarily those of the Bureau of Health Professions.

Jennifer M. Granholm
Governor, State of Michigan

Janet Olszewski
Director, Community Health

Melanie B. Brim
Director, Bureau of Health Professions

Editor: Wendy J. Menosky

Readers' comments are invited. Please email comments and suggestions to the editor at: wjmenos@michigan.gov or write to: HealthLink Editor, BHP, P.O. Box 30670, Lansing, MI 48909.

MDCH is an equal opportunity employer, service and program provider.

HealthLink

■ **Michigan Healthcare Workforce Center is Established**

The Michigan Department of Community Health's Bureau of Health Professions (BHP) has overseen the licensing and regulation of health professionals for many years. In the past several years, the BHP has been increasingly called upon to address a variety of emerging issues that go beyond the regulatory function of the Bureau. These issues include the growing shortage of many health care providers, changes in health care delivery due to changes in both technology and scope of practice, and issues impacting quality of care.

The BHP established the Michigan Healthcare Workforce Center (MHWC) in January 2006, which is a collaborative effort between the Michigan Departments of Community Health, Labor and Economic Growth, Human Services and Education. These state agencies form the Interagency Healthcare Workforce Coordinating Council, and work together to identify and address the healthcare workforce challenges Michigan faces today. The objectives of the MHWC are to: 1) serve as a clearinghouse for workforce data and information resources; 2) administer surveys to licensed health professionals; 3) convene and/or participate with groups to address healthcare workforce issues, and 4) conduct research and generate articles and white papers on healthcare workforce-related issues.

To help accomplish the objectives of the MHWC, the BHP recently established a new work unit in August 2006: the Workforce Development, Research & Evaluation (WDRE) section. The section oversees ongoing efforts and various projects that address the four objectives of the

MHWC. To meet the MHWC's first objective of providing information and healthcare workforce data, a number of BHP websites have been or are currently being developed. One of these websites, the Michigan Healthcare Workforce Center (www.michigan.gov/mhwc), is a clearinghouse for information and data regarding healthcare workforce development at the state, national, and international levels. This website provides an array of healthcare workforce information and describes the MHWC and activities of the WDRE. Another website, Health Careers in Michigan (www.michigan.gov/healthcareers), provides comprehensive information about careers in the healthcare field, the skills and education needed to pursue various careers, licensing requirements, and employment information in Michigan's #1 growth industry. The BHP will introduce two websites in 2007 in the areas of pain and symptom management and patient safety. In addition to websites, the WDRE developed an electronically-distributed quarterly newsletter, *Public Forum*, which addresses health issues impacting the public. This quarterly newsletter can be sent to any health clinic, health professional, or member of the general public in Michigan by visiting the BHP website at www.michigan.gov/healthlicense. Select the "Public Forum Newsletter" link in the "Spotlight" box.

The BHP oversees a contract with the Michigan Health Council that provides funding for two other important sources of information and healthcare workforce data. One is the establishment of the Center for Health Professions and the other is the Center for Nursing. (See the following article by Anne Rosewarne.)

The WDRE also oversees the development and administration of healthcare workforce surveys to licensed health professionals. These are optional surveys that healthcare

licensees can complete during the license renewal process. Data obtained from these surveys provides a valuable tool for us to evaluate Michigan's current healthcare workforce and help predict future trends. Survey results and ongoing survey efforts can be found at www.michigan.gov/mhwc.

■ **Initiatives to Ensure Michigan Has a Qualified Healthcare Workforce** **Guest Article by Anne Rosewarne, President of the Michigan Health Council**

Michigan is developing initiatives to ensure a qualified healthcare workforce. One such group, the Michigan Health Council, works with community partners and technology to build Michigan's healthcare workforce.

The Michigan Health Council has been awarded grants to continue the Michigan Center for Nursing and create the Michigan Center for Health Professions. The centers will look at workforce shortages and projections in nursing and other health professions and serve as a clearinghouse for profession information and resources, and focus on best practices and collaboration in the state.

The Michigan Center for Nursing, under the auspices of the Michigan Health Council, was established in 2003. The Center strives to develop recommendations to

HealthLink

continued from page 3

ensure Michigan cultivates and maintains a high-quality nursing workforce. It also collects and analyzes nursing workforce data.

In 2007, the Michigan Center for Nursing released results from the *Survey of Nurses 2006*, which includes data on nurses' employment status, geographic distribution, age, plans to continue practicing, work setting, practice area, education, gender and racial/ethnic background. The full report, *Michigan Center for Nursing Survey of Nurses 2006*, is available online at www.michigancenterfornursing.org.



The Michigan Center for Nursing publishes a nursing newsletter four to six times a year with nursing licensure information, conferences and other important nursing issues. To receive this newsletter, contact Anne Wilson at wilson@mhc.org or via phone at (517) 347-8091.

The Michigan Center for Health Professions was established in 2005 and focuses on the critical issues of recruitment, education, and retention of health professionals. The Center has a primary goal of fostering collaboration among members of the healthcare community to achieve policy consensus, promote diversity in the healthcare workforce, and assist in sustaining and enhancing Michigan's healthcare workforce. For more information visit online at www.mhc.org.

The Michigan Health Council's non-profit online job-matching service

for nurses, Nurse ICON (www.nurseicon.org), continues to grow and provide valuable insight into the trends in the profession. The Council continues its commitment to Health Occupations Students of America (HOSA) now reaching over 2,400 high school students in Michigan a year. The Council also has a program called Health Opportunities for Today and Tomorrow, or more casually referred to as HOTT, an interactive web-based site where students can explore the vast number of careers in healthcare (www.mihott.com).

Michigan has been aggressive in lining up resources and establishing collaborative initiatives to address the healthcare workforce shortage issues both now and in the coming years. For more information about these initiatives at the Michigan Health Council, please visit www.mhc.org or the Michigan Center for Nursing at www.michigancenterfornursing.org or contact (517) 347-3332.

■ New Electronic Publication — "Public Forum"

Would you like to receive our new quarterly newsletter *Public Forum*? It's simple to sign up to receive this publication automatically. Just visit our website at www.michigan.gov/healthlicense and select the "Public Forum Newsletter" link in the "Spotlight" box. After doing so, you will automatically receive future publications.

The target audience is patients/consumers, so we encourage you to reproduce the newsletter and provide it to your patients. We also welcome you to contact us with ideas about content for future editions.

■ Update on Acupuncturists, Athletic Trainers and Dietitians/Nutritionists

As reported in previous issues of *HealthLink*, three new professions are now regulated under Article 15: Acupuncturists, Athletic Trainers and Dietitians/Nutritionists. Here is an update on our progress:

• **Acupuncturists:** The Board of Acupuncturists has been appointed by the Governor and administrative rules are being developed. We anticipate applications to be available in January 2009.

• **Athletic Trainers:** The Board of Athletic Trainers was appointed by the Governor and administrative rules are in the process of being developed. We anticipate applications to be available in January 2009.

• **Dietitians/Nutritionists:** The Board of Dietetics and Nutrition has been appointed by the Governor. Board meetings will be scheduled in the very near future and the administrative rules development process will begin.

■ Laser Therapy

For the past few years, a position statement regarding laser therapy has been on the Bureau of Health Professions' website (www.michigan.gov/healthlicense). The position statement clarifies the use of laser equipment by health professionals and the delegation of laser equipment to a licensed or unlicensed individual.

continued on page 5

HealthLink

continued from page 4

Some highlights of the position statement are noted below:

- Lasers are recognized by the U.S. Food and Drug Administration (FDA) as medical devices and their use constitutes a medical or dental practice.

- Laser use falls within the definition of the practice of medicine in the Public Health Code because they are used for the “diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition by attendance, advice, device, diagnostic test, or other means...”

- A thorough review of the laser literature, Public Health Code provisions and applicable FDA guidelines shows that dentists may also use FDA-approved lasers for patient care within the scope of their licensure.

- The FDA has not approved the use of lasers for smoking cessation except for FDA-approved clinical trials.

- A physician/dentist may delegate the use of laser equipment to a licensed or unlicensed individual if the delegated individual works under the physician/dentist’s supervision. Supervision, as defined by the Public Health Code, requires at least all of the following: 1) Acknowledgement by the physician/dentist that the delegated individual has the appropriate education, training or experience to properly use lasers. 2) Continuous availability of direct communication in person, or by radio, telephone or other telecommunication in person, or by radio, telephone or other telecommunication, between the physician/dentist and the delegated individual. 3) Regularly scheduled availability of the physician/dentist to consult, educate, and review the records and practice of the delegated individual in laser use. 4) Development by the physician/dentist of written procedures and protocols to guide the delegated individual’s laser use.

In addition, Section 333.16276 of P.A. 144 of 2004 specifically addresses the use of laser equipment for dermatological purposes. Section 333.16276 states: “A licensee, registrant, or other individual shall not perform any procedure using a laser for dermatological purposes unless the procedure is performed under the supervision of a licensed physician.” The practice of dermatology means the diagnosis and treatment of medically necessary and cosmetic conditions of the skin, hair, and nails by various surgical, reconstructive, cosmetics, and nonsurgical methods. The supervision requirements for Section 333.16276 are noted above. However, these supervision requirements do not apply to licensed physicians or to licensed physician’s assistants or to certified nurse practitioners who perform these procedures in health care facilities.

You may view the position statement on our website at www.michigan.gov/healthlicense. P.A. 144 of 2004 may be viewed at www.legislature.mi.gov. If you have any questions, you may call us at (517) 335-0918 or email us at bhpinfo@michigan.gov.

■ Volunteer Dentist License Bill Signed Into Law

A bill to provide for a special volunteer license for retired dentists was signed into law by the Governor. The law, P.A. 591 of 2006, was effective January 3, 2007 and allows dentists who have retired from active practice to donate their expertise for the dental care and treatment of indigent and needy individuals or individuals in medically underserved areas in Michigan. Although there is no license fee required to obtain the special volunteer license, retired dentists must submit a Controlled Substance license

application with the appropriate fee if he/she is prescribing controlled substances.

Under P.A. 591, an individual is considered retired from practice if his/her dentistry license has expired and he/she has ceased to engage in the practice of dentistry for compensation.

Other provisions of this new law require that the applicant must have previously held a Michigan license as a dentist, and the license was in good standing prior to the expiration date. In addition, if the applicant has been out of practice for three or more years, documentation must be submitted that he/she has attended at least two-thirds of the continuing education courses or programs required of permanently licensed dentists during the three years immediately preceding the application for the special volunteer license.

The special volunteer license application for physicians, podiatrists and dentists, and additional information is available on our website at www.michigan.gov/healthlicense.

■ Reminder for Audiologists and Respiratory Therapists

As of January 1, 2007, all Audiologists and Respiratory Therapists must be licensed to practice in Michigan. Information regarding licensure requirements, application packets, etc. may be obtained on our website at www.michigan.gov/healthlicense or by calling (517) 335-0918.

HealthLink

■ **Tamper Resistant Prescription Pads Deadline Extended to April 1, 2008**

Due to the passage of the “Extenders Law” (H.R. 3667) that was recently signed by President Bush, the implementation of the federally mandated use of tamper resistant prescription drug pads for the Medicaid Program is being delayed until April 1, 2008. Information regarding this delay is posted on our website at www.michigan.gov/healthlicense. In addition, you may review the Medical Services Administration Bulletin Number MSA 07-56 for additional information by going to http://www.michigan.gov/documents/mdch/MSA-07-56-Tamper_Resistant_Bulletin_210556_7.pdf.

■ **Health Professional Recovery Program Serving Michigan Health Professionals Since 1994**

The Health Professional Recovery Program (HPRP) was established by legislation in 1993 as a non-disciplinary, treatment-oriented approach to assist health care professionals with substance use and/or mental health disorders. It provides for confidential referrals to treatment services before impairment causes patient harm or otherwise interferes with the professional's ability to practice their profession.

To maintain the participant's confidentiality, the HPRP is operated by a private entity under contract with the Michigan Department of Community Health, Bureau of Health Professions. The Health Professional Recovery Committee (HPRC), comprised of a representative from each of the health professional licensing boards, provides oversight of the program and develops policy and procedures for the contractor to follow.

In many cases, the Public Health Code allows for reporting directly to the HPRP, in lieu of the State, for impairment issues. The identity of the individual, who in good faith reports the suspected impairment, is also confidential. Confidential referrals to the HPRP come from employers, colleagues, patients, family and self-

reporting which allows a participant to enter into a monitoring agreement and obtain treatment for their condition without fear of disciplinary action or public disclosure. All records of a non-disciplinary HPRP participant are destroyed five years after successful completion of their monitoring agreement, provided there is no readmission. There is no cost for HPRP monitoring; it is paid through licensing fees, but the participant is responsible for any costs associated with treatment and/or drug testing.

Persons determined to be appropriate for HPRP monitoring are required to comply with their treatment plan. Issues of non-compliance can result in case closure and referral to the department for review, investigation and possible disciplinary action.

The HPRP also monitors health care professionals referred by their licensing board or the State of Michigan due to disciplinary action as a condition to regain or retain their license to practice their profession.

Additional information regarding eligible professions and reporting requirements can be found at www.hprp.org or by calling 800-453-3784. The HPRP Outreach Coordinator is available to provide informational presentations about the program at no charge. To arrange for a presentation, contact the HPRP Outreach Coordinator at (517) 335-1760 or by email at bushongs@michigan.gov.

REMINDER—Many Online Services Are At Your Fingertips!

- **Main Website:** www.michigan.gov/healthlicense
- **Application Status:** www.michigan.gov/appstatus
- **Online Change of Address:** www.michigan.gov/mylicense
- **Online Renewal:** www.michigan.gov/mylicense
- **Verify a License:** www.michigan.gov/verifylicense

